



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: KOKOMO AMBULATORY SURGERY CENTER LLC

Street Address: 107 South Washington Street

City: Kokomo

County: Howard

Administrator Name: Cathy Montgomery

Administrator Email: cathy@excellentiagroup.com

ASC Web Address:

Fiscal Year: 2018

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	10	12
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	3	
G0260	7	
64490	1	
64493	1	


#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
--	---